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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Carper For Senate				
ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION N C C00349217	PO Box 2882	HIS NEW	DE 19805 STATE AMENDED (A)	ZIP CODE STATE ▼ DISTRICT DE 00
4. TYPE OF REPORT (C. (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-E	Report (Q1) Report (Q2) erly Report (Q3) ind Report (YE) t (TER)	Primary (12P) Convention (12C) tion on O9 11 General (30G)	General (12G) Special (12S)	in the State of DE
5. Covering Period	M / D V D / Y Y Y Y Y 2012	through 0	M / D D / Y 8 22	2012 .
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Arthur G. Connolly III				
Signature of Treasurer Arthur G. Connolly III Date Date				
NOTE: Submission of false, error Office Use Only FESAN018	neous, or incomplete information	on may subject the person signing	F	nalties of 2 U.S.C. §437g. EC FORM 3 Revised 02/2003)